

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585452

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6		5				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18	1					
19						
20						
21						
22						
23		5				
24		0				
25		0				
26		0				
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		1				
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47						
48						
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		46	←		←
TOTAL CLAIMS			48			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		16	←		←
TOTAL CLAIMS			20			